

<b>Case Number:</b>	CM15-0027785		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	01/01/2004
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old female, who sustained an industrial injury on January 1, 2004. The diagnoses include low back pain with displaced intervertebral discs and facet arthropathy, lumbar radiculopathy, sacroiliac joint dysfunction, myofascial pain with spasm and anxiety and depression. Treatment to date has included oral pain medication topical patch and Non-steroidal anti-inflammatory drug, Magnetic resonance imaging. In a progress note dated January 8, 2015, the treating provider reports the injured worker was sitting uncomfortably leaning to the side and shifting in place. The injured worker made two attempts before being able to stand with assistance, and took several seconds to stand fully upright. There is tenderness to palpation of the bilateral lumbar paraspinals, extreme tenderness to light touch to the left SI area, decreased sensation with paresthesia to light touch on the left posterior lateral leg, and positive straight leg raise on left and right. Treatment recommendations at that time included continuation of the current medication regimen, a referral for cognitive behavioral therapy and biofeedback therapy, education on smoking cessation, and a selective nerve root block at L4-5 with left SI joint injection. A Request for Authorization form was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**(L) Selective Nerve Root Blocks L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** California MTUS Guidelines state epidural steroid injections are recommended as a treatment option for radiculopathy. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the documentation provided, the injured worker's physical examination revealed positive straight leg raise bilaterally with decreased sensation in the bilateral lower extremities. However, the official imaging study on 12/20/2014 failed to indicate nerve root compromise at the L4-5 level. Documentation of specific motor weakness in the dermatomal distribution was not documented. There is also no documentation of an abnormal deep tendon reflexes in the bilateral lower extremities. Based on the information received, the request is not medically appropriate at this time.

**Referral for Cognitive Behavioral Therapy and Biofeedback Therapy (Unspecified):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state, a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, there is no documentation of a prior medical history significant for psychiatric symptoms. There is no current psychological examination provided. The medical necessity has not been established in this case. Therefore, the request is not medically necessary.

**(L) SI Joint Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Sacroiliac joint block.

**Decision rationale:** The Official Disability Guidelines recommend a sacroiliac joint block when the history and physical examination suggest the diagnosis with at least 3 positive findings on

examination. There should also be evidence of at least 4 to 6 weeks of aggressive conservative therapy. In this case, there is documentation of sacroiliac joint tenderness; however, there is no evidence of at least 3 positive examination findings to support the diagnosis. Given the above, the request is not medically necessary.

**Norflex 100 MG #30 with 1 Refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. In this case, there is no documentation of objective functional improvement despite the ongoing use of this medication. Guidelines do not support long term use of NSAIDs. The request for an additional refill would not be supported. There is also no frequency listed in the request. As such, the request is not medically necessary.

**Celexa 20 MG #30 with 6 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

**Decision rationale:** California MTUS Guidelines state SSRIs are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. The medical rationale for the requested medication was not provided. The request as submitted for an additional 6 refills would not be supported, as the injured worker's assessment should be documented at each office visit prior to additional refills. There is also no frequency listed in the request. As such, the request is not medically necessary.

**Tramadol 50 MG #60 with No Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects

should occur. There is no documentation of objective functional improvement despite the ongoing use of this medication. Recent urine toxicology reports documenting evidence of pain compliance and nonaberrant behavior were not provided. There is also no frequency listed in the request. As such, the request is not medically necessary.

**Klonopin .5 MG #15 with No Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** California MTUS Guidelines state benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is risk of dependence. The injured worker has continuously utilized the above medication for an unknown duration. Guidelines do not support long term use of this medication. There is also no frequency listed in the request. As such, the request is not medically necessary.